

FRENSHIP HIGH SCHOOL CHOIR
FRENSHIP INDEPENDENT SCHOOL DISTRICT
902 DOWDEN AVENUE / WOLFFORTH, TEXAS/ 79382 P: 806-866-4440

Permission to Participate and for Emergency treatment
2023-2024

I, the undersigned, being the parent or guardian of _____ do hereby authorize officials and sponsors of Frenship Independent School District to admit the aforesaid child to a hospital and authorize medical treatment and/or surgical procedures for the child. In the event the parents or other persons named on this form cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child.

Signature of parent or guardian

Date

Please print name

Full name of child _____

Birthdate of child ____/____/____

Street Address _____

Mailing Address _____

Phone _____ Work Phone _____ Work Phone _____

Name/Phone # of grandparent or other relative who can be reached if necessary:

Known medical problems/allergies: _____

Last tetanus shot: _____

Medications needed on trips: _____

Child's private physician/phone #: _____

Insurance company & policy #: _____

Responsible for payment: _____